

# Application



**RETURN TO**  
The Banff Centre  
Office of the Registrar  
Box 1020, 107 Tunnel Mountain Drive  
Banff, Alberta, Canada T1L 1H5  
Fax: (403) 762-6345

1  MR 2  MS 3  MRS 4  MISS 5  DR

SURNAME FIRST NAME INITIAL

Indicate the program(s) to which you are applying:

**THEATRE ARTS  
PROGRAM NAME**

**DATES**

OFFICE USE ONLY

Indicate below the name of alternate program(s) for which you would like to be considered should you not be accepted to the above program(s). Application for alternate program(s) must be supported by appropriate application requirements.

### PRESENT ADDRESS/TELEPHONE

Valid Until 

year	month	day

Provide below complete mailing address including codes.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

COUNTRY  
Provide below complete telephone number(s) including area/city/country codes.

HOME

FAX

WORK

### PERMANENT ADDRESS/TELEPHONE

Same as Present or:

Provide below complete mailing address including codes.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

COUNTRY  
Provide below complete telephone number including area/city/country codes.

E-MAIL

Are you a permanent resident of Alberta (at least 12 months)?  YES  NO

### EMERGENCY CONTACT

NAME

Address  Same as Permanent or:

Provide below complete mailing address including codes.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

COUNTRY  
Provide below complete telephone number including area/city/country codes.

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CANADIAN SOCIAL INSURANCE NUMBER

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US SOCIAL SECURITY NUMBER

Date of Birth 

year	month	day

### CITIZEN OF

Canada  USA

Landed immigrant in Canada

Other \_\_\_\_\_

Hometown \_\_\_\_\_

Previous Banff Centre participant:  
 YES  NO year \_\_\_\_\_

Where did you learn about this residency?  
\_\_\_\_\_  
\_\_\_\_\_

### BANFF CENTRE SCHOLARSHIP/FINANCIAL AID

Do you wish to be considered for Banff Centre awards that are available for the program(s) to which you are applying?  YES  NO

### PROCESSING FEE

A non-refundable processing fee as indicated below is payable to The Banff Centre. Payment must be by certified cheque, money order, Bank draft, or by completing the credit card section. Credit card charges are made in \$CDN.

FEES ARE AS FOLLOWS:

\$56 CDN/\$45 US Dance Performance (plus \$10 CDN/\$8 US if registering for Master Class), Opera As Theatre, playRites Colony, Staged Combat, Theatre Design & Stage Management, International Voice programs (7-day workshop)

\$28 CDN/\$23 US Dance Training (plus \$10 CDN/\$8 US if registering for Master Class)

\$28 CDN/\$23 US International Voice programs (3-day workshops)  
Performing Arts Residencies per participant (upon acceptance)

VISA  MasterCard  Amex

NAME ON CREDIT CARD

SIGNATURE OF CARD BEARER

CREDIT CARD NUMBER EXPIRY DATE

### APPLICANT'S SIGNATURE

I affirm that all the information is complete and accurate, and that any work presented represents the achievement of my creative effort.

APPLICANT'S SIGNATURE

All applications must be signed and accompanied by the processing fee.

### ACCOMMODATION REQUEST AND ASSIGNMENT

Please assign me on-campus accommodation  YES  NO

Single room – limited availability

Your age? \_\_\_\_\_

Shared – roommate requested:

Male  Female

Special housing requests?

Require information on facilities for the handicapped

Special dietary requirements?  
Allergies (food or other)

Smoker – *Note: A limited number of rooms are designated for smokers but note that The Banff Centre is a smoke-free environment*

### FOR OFFICE USE

Code \_\_\_\_\_

Status \_\_\_\_\_

Fin. Aid \_\_\_\_\_

Accom. \_\_\_\_\_

Flex \_\_\_\_\_

The personal information on this form will be used for the purposes of admission, registration, issuing income tax receipts, scholarships and awards, accommodation and sending follow-up educational information or program evaluation material. It is collected under the authority of The Banff Centre Act that mandates the programs and services offered by The Banff Centre and will be protected by the provisions of the Alberta Freedom of Information and Protection of Privacy Act. For inquiries about the collection and use of this information, or to remove your name from our mailing list, please contact the Registrar, Office of the Registrar, Box 1020, Banff, Alberta T1L 1H5 Telephone: (403) 762-6180.

